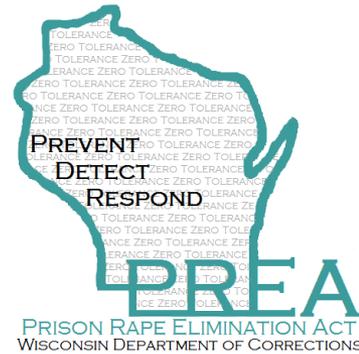
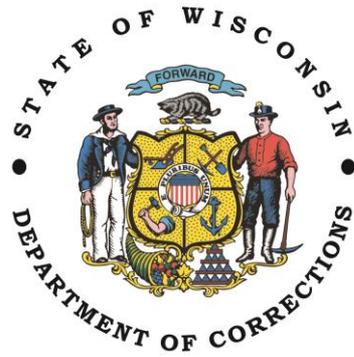


# SEXUAL ABUSE & SEXUAL HARASSMENT IN CONFINEMENT PRISON RAPE ELIMINATION ACT



## CONTRACTOR & VOLUNTEER TRAINING

UPDATED FEBRUARY 2018



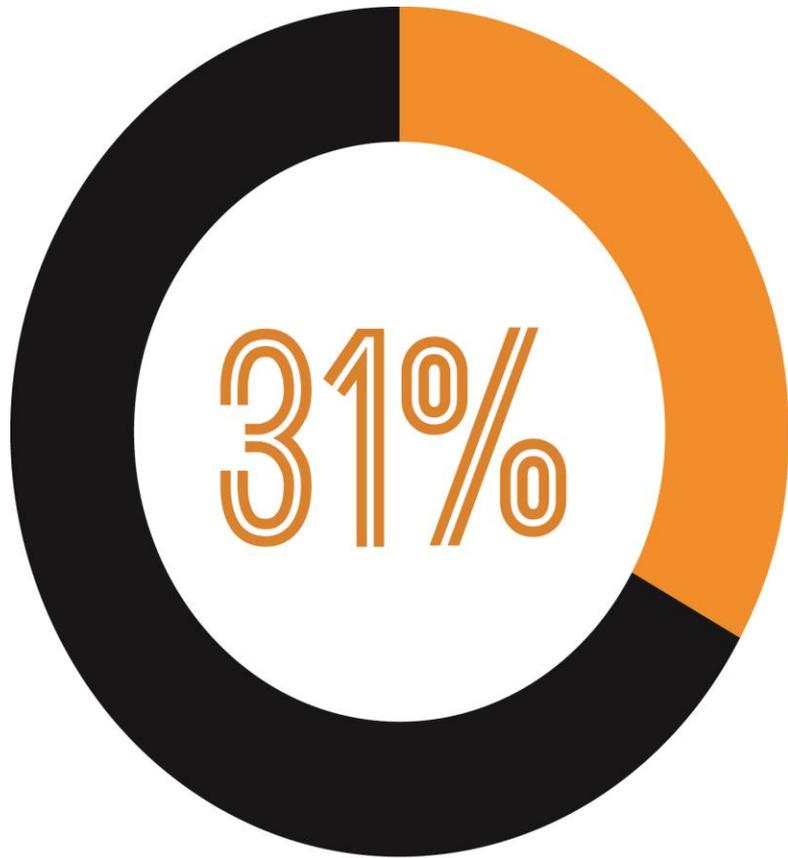
**1 IN 10**

former adult state inmates  
reported being sexually  
abused while in detention



**Roughly 200,000 adults are  
sexually abused behind bars  
every year in the U.S.**

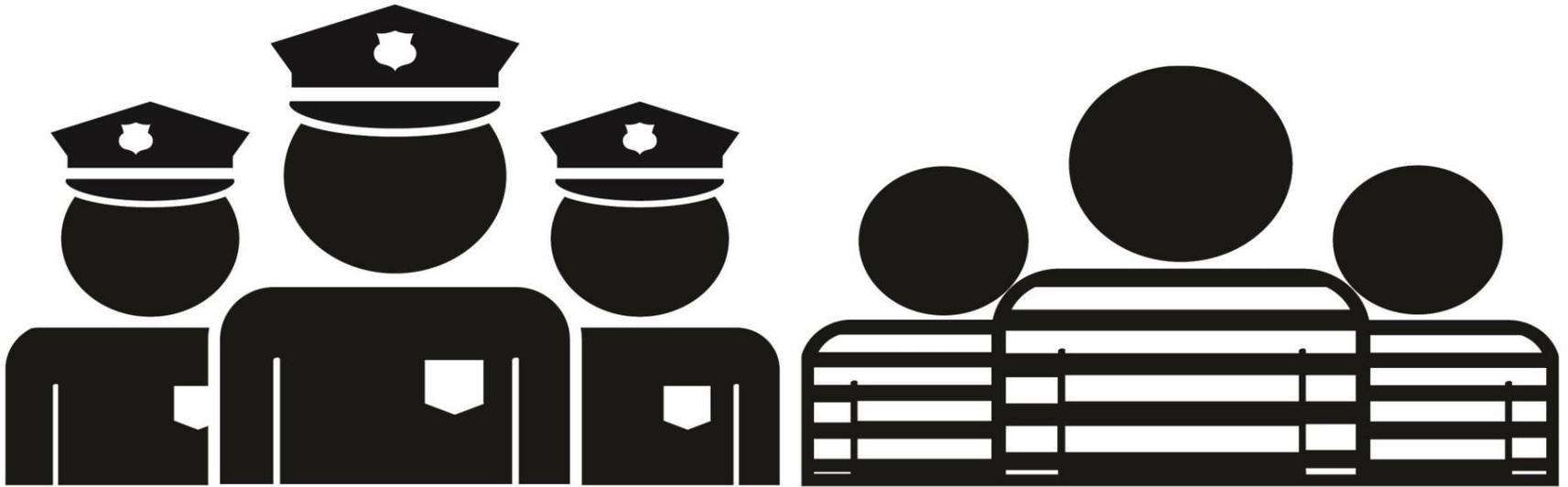
Source: Dr. Allen Beck, Bureau of Justice Statistics, U.S. Department of Justice. © Just Detention International



**OF INMATES REPORTING  
ABUSE WERE VICTIMIZED  
THREE OR MORE TIMES**

Source: Beck, Berzofsky, Caspar, & Krebs (2013), *Sexual Victimization in Prisons and jails reported by inmates, 2011-2012*. © Just Detention International

# STUDY SHOWS NEARLY EQUAL RATES OF SEXUAL ABUSE BY STAFF AND OTHER INMATES



81%

OF REPORTED SEXUAL ASSAULTS  
IN YOUTH DETENTION ARE  
COMMITTED BY STAFF





# CONSENT

When someone is willing and able to freely agree to be a part of an activity.

If someone does not agree or is unable to agree because they are asleep, unconscious, drugged, afraid, feeling threatened or don't understand what's going on then they have not consented.

Because staff members, contractors and volunteers have authority, inmates and youth can never truly consent to sexual activity with a staff member, contractor or volunteer even if they agree. It is always against the law for a staff member, contractor or volunteer to engage in sexual contact with an inmate or youth.

Consensual sexual activity between inmates or youth is a violation of Wisconsin Administrative Code (303 and 373).



# CONSENT & YOUTH

Consider:

*Age of Consent* is the age at which a person is capable of giving consent, legally, to engage in sexual acts.

By law in Wisconsin, the *Age of Consent* is 18.

While youth engaged in consensual sexual activity may be a violation of WI law, it does not meet the definition of sexual abuse as defined by PREA.



# SEXUAL ABUSE

Sexual abuse of an inmate/youth by another inmate/youth includes any of the following if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva or anus;
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; and/or
- Any other intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incident to a physical altercation.



# SEXUAL ABUSE

Sexual abuse of an inmate/youth by a staff member, contractor or volunteer includes any of the following acts, with or without consent of the inmate/youth:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and penis, vulva or anus;
- Contact between the mouth and any body part; penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument; any other intentional contact, either directly or through clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks that is unrelated to the official duties or where a staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Any attempt, threat, or request to engage in described activities;
- Any display of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate/youth; and/or
- Voyeurism



## VOYEURISM

An invasion of an inmate's/youth's privacy by a staff member, volunteer or contractor for reasons unrelated to official duties, such as peering at an inmate/youth who is using a toilet in their cell to perform bodily functions; requiring an inmate/youth to expose their buttocks, genitals or breasts; or taking images of all or part of an inmate's/youth's naked body or of an inmate/youth performing bodily functions.

## SEXUAL HARASSMENT

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate/youth directed towards another; and/or

Repeated verbal comments or gestures of a sexual nature to an inmate/youth by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

## RETALIATION

Hurting someone because that person did or said something hurtful to you. This may include threats of, or actual, harm after a victim reports an incident of sexual abuse or accusing someone of things they have not done. It may also include the limitation, or removal, of programming by a staff member after a victim reports an incident of sexual abuse.



# VULNERABLE POPULATIONS

THOSE AT HIGHEST RISK OF BEING VICTIMIZED ARE INMATES/YOUTH WITH ANY OF THE FOLLOWING CHARACTERISTICS:

- Mental illness, physical disability or developmental disability
- Small stature
- First time or very young
- Limited English proficiency
- Intoxicated or under the influence
- Resource poor
- Sex offenders
- **Prior sexual victimization\***
- **Identifies, or perceived, as lesbian, gay, bisexual, transgender, intersex or gender non-conforming\***

\*GREATEST PREDICTORS OF SEXUAL VULNERABILITY

## SEX ASSIGNED AT BIRTH

Anatomy, hormones, chromosomes

Male

Intersex

Female

## GENDER IDENTITY

Psychological sense of self

Male

Transgender, Genderqueer, Two-Spirit, etc.

Female

## GENDER EXPRESSION

Communication of gender

Masculine

Androgynous

Feminine

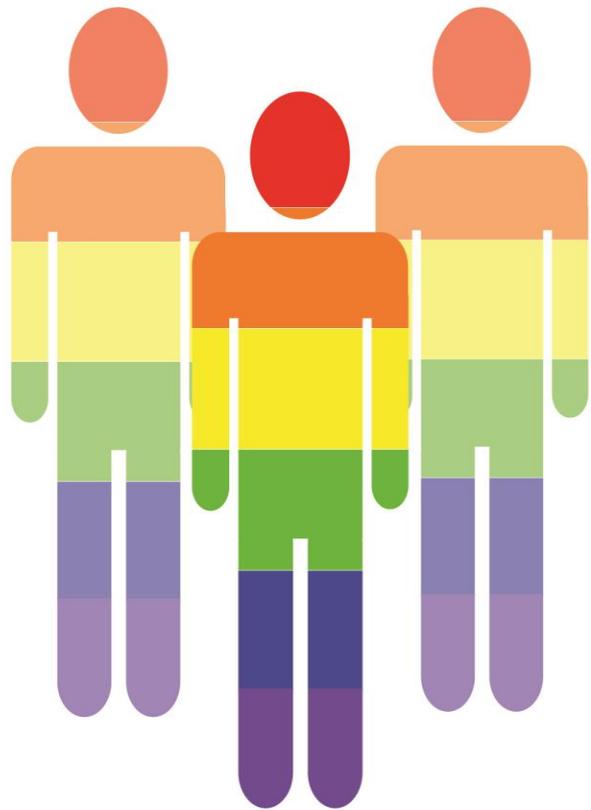
## SEXUAL ORIENTATION

Romantic, sexual, emotional attraction

Attracted to men

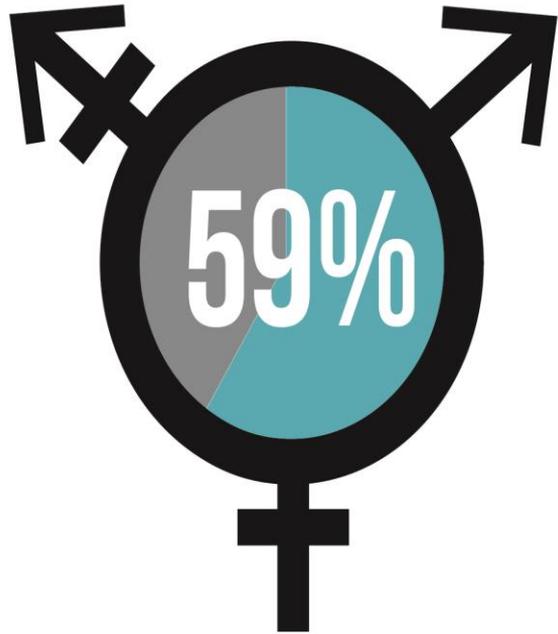
Attracted to all, both, none

Attracted to women



MORE THAN **1 IN 3**  
GAY AND BISEXUAL MEN  
WERE SEXUALLY ABUSED  
WHILE IN CUSTODY

Source: Beck, Berzofsky, Caspar, & Krebs (2013), *Sexual Victimization in Prisons and jails reported by inmates, 2011-2012*. © Just Detention International



**of transgender women in California state prisons reported sexual abuse compared to 4% of non-transgender men**

Source: Jenness, Valerie, Cheryl Maxson, Kristy Matsuda, and Jennifer Sumner. "Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault," 2007. © Just Detention International



With an understanding of the dynamics of sexual abuse in confinement and the agency's responsibility to keep inmates and youth safe and secure, Wisconsin Department of Corrections has

# ZERO TOLERANCE

for sexual abuse, sexual harassment and report-related retaliation.

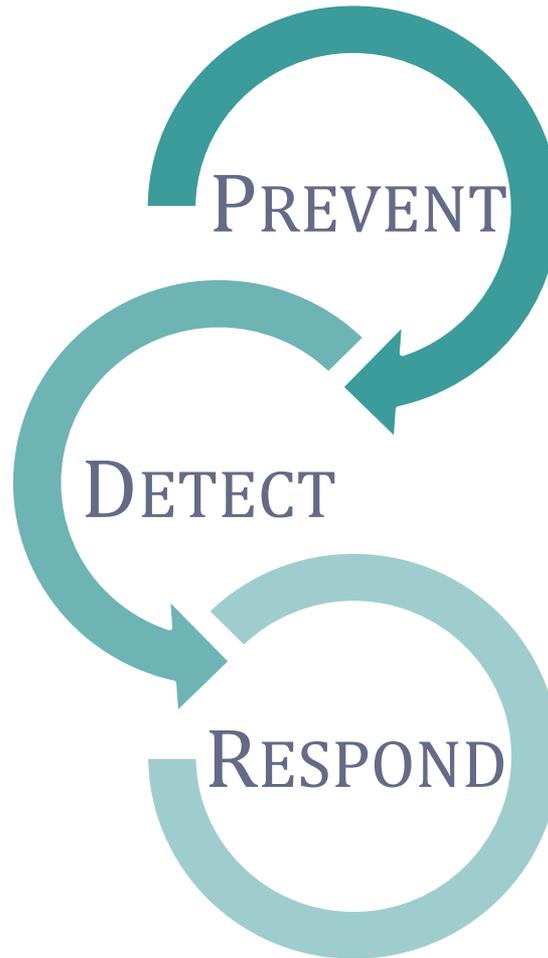


# PRISON RAPE ELIMINATION ACT

- The Prison Rape Elimination Act (PREA) was signed into law in 2003 after unanimous support from Congress and years of pressure from advocates and survivors. It is the first federal law to address sexual abuse in confinement.
- PREA extends far beyond the elimination of rape in prison. PREA supports preventing, detecting and responding to sexual abuse and sexual harassment in all confinement settings.
- It encompasses the safety of offenders in adult prisons and jails, lockups, juvenile facilities and community confinement facilities.
- PREA addresses sexual abuse and sexual harassment of inmates/youth perpetrated by other inmates/youth, staff, contractors and volunteers.
- PREA was designed to protect public safety, ensure public health and reduce institutional violence.



All staff, volunteers and contractors have a duty to



to sexual abuse, sexual harassment and report-related retaliation.



# PREVENT

Preventing sexual abuse and sexual harassment requires an imperative balance of effective agency strategy and sound personal responsibility.

Agency strategies include:

- Conducting risk screenings of inmates/youth upon intake.
- Announcing the presence of opposite gender staff on housing units.
- Making proper accommodations to educate limited English proficient or disabled inmates about their rights to be free from sexual abuse and sexual harassment.
- Permitting transgender and intersex inmates/youth to shower separately.
- Upholding hiring and promotion policies.
- Training all staff, contractors and volunteers.

Personal responsibility includes:

- Enforcing DOC's zero tolerance policy.
- Supporting DOC's reporting policy.
- Being aware of surroundings (i.e. blind spots, unlocked closets, staffing shortages).
- Maintaining professionalism.



# DETECT

Acknowledging red flag behaviors and situations help guide prevention and detection efforts. Such red flags are not absolutes; they are not always indicative of sexual abuse. However, they indicate a need for follow-up or intervention.

## Inmates/Youth

- Be mindful of inmate/youth behaviors and patterns. Address uncharacteristic behavior or common abuse reactions with the support of a DOC staff member, when needed.
- Behaviors of inmates/youth who have experienced sexual abuse may include: refusing to shower or leave their empty cell, refusing to return to their occupied cell or room, seeking protective custody, increased sexualized language, unusual aggressiveness, lingering near staff, bedwetting, etc.
- Behaviors of inmates/youth who may have perpetrated (or are preparing to) sexual abuse include: stalking or grooming another inmate/youth, trading of favors, access to canteen without money, blatant sexual harassment, prior history of sexual abuse or victimization, voyeuristic or exhibitionistic behavior, frequently testing boundaries, difficulty controlling anger, etc.



# DETECT

## Staff, Contractors and Volunteers

- Notice uncharacteristic behaviors or poor boundaries of staff, contractors and volunteers. Consult with a supervisor for guidance.
- Behaviors of inmates/youth who may have been victimized by a staff member, contractor or volunteer include: access to more privileges, spending more time with a specific staff member, exhibiting increased familiarity with staff, questioning a staff member's absence, sending notes/kites to a specific staff person.
- Behaviors of staff, contractors or volunteers who may have perpetrated (or are preparing to) sexual abuse include: changes in their personal life or appearance, appearing at work during off hours, lingering in unauthorized or unassigned work areas, bringing inappropriate or contraband items to work, seeking information about an inmate/youth that is unrelated to work duties, isolating from co-workers, etc.



# RESPONSE

Contractors and volunteers must accept verbal, written, anonymous and third party reports. Inmates/youth have several ways to privately report sexual abuse or sexual harassment. They include:

- Telling or writing any staff member, volunteer or contractor
- Dialing 777 (internal reporting hotline)
- Dialing 888 (external reporting hotline)
- Telling a trusted family member, friend or support person
- Filing a complaint with the facility inmate complaint examiner
- Contacting local law enforcement



# RESPONSE

Upon learning of an allegation that an inmate/youth was sexually abused, the first responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Contractors and volunteers have a responsibility to immediately report:

- Knowledge, suspicion or information regarding an incident of sexual harassment of an inmate/youth that occurred in ANY confinement facility;
- Retaliation against inmates/youth, staff, contractors or volunteers who reported such an incident; and
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Contractors and volunteers must immediately report sexual abuse or sexual harassment to:

- Any DOC supervisory staff member unless reporting to such person compromises the safety of the alleged victim, witness(es) and/or reporter.
- In those instances, a report shall be made via email to [DOCSECOSOPREAINvestigations@wisconsin.gov](mailto:DOCSECOSOPREAINvestigations@wisconsin.gov). A follow-up phone call shall be made to the DOC PREA Office.

Contractors and volunteers must comply with applicable mandatory reporting laws (i.e. minors, older adults, at-risk adults).

Apart from reporting to designated supervisors or officials, contractors and volunteers shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation and other security and management decisions.



# PROFESSIONAL RELATIONSHIPS

All staff, volunteers and contractors shall:

- Report knowledge of sexual abuse and sexual harassment
- Report suspicious behavior
- Be respectful, compassionate and consistent
- Use safe and effective communication  
(i.e. professional and culturally aware; free of slang, slurs, stereotypes and assumptions; person-first language; attentive and reflective listening; correct or gender neutral pronouns; etc.)
- Remain mindful of non-verbal communication
- Be trauma informed
- Avoid sexualized environment
- Manage your stress
- Avoid personal disclosures
- Be aware of manipulative behavior



# PROFESSIONAL RELATIONSHIPS

Inappropriate professional relationships come in many shapes and sizes. Some behaviors that may put a staff member at risk of crossing professional boundaries include:

- Making sexual jokes with or in front of inmates/youth
- Using inmate/youth nicknames
- Discussing personal issues with or in front of inmates/youth
- Allowing a favorite inmate/youth to have special privileges
- Trusting an inmate/youth to “have your back”
- Doing special favors for an inmates/youth
- Gossiping about other staff with or in front of inmates/youth
- Complaining about supervisors or your job in front of inmates/youth



# PROFESSIONAL RELATIONSHIPS

1. Do you look forward to seeing a particular offender when you come to work?
2. Have you done anything with an offender that you would not want your family or your supervisor to know about it?
3. Would you be reluctant to have a coworker observe your behavior for an entire day?
4. Do you talk about your personal matters with offenders?
5. Do you believe that you can ask an offender to do personal favors for you?
6. Have you ever received personal advice from an offender?
7. Have you said anything to an offender that you would not want tape recorded?
8. Do you have thoughts or fantasies of touching a particular offender? Does this extend to planning how you can be alone with that offender?
9. Do you think you have the right to touch an offender whenever and wherever you want to do so?
10. Do you look forward to sharing good/bad news with a particular offender?
11. Do you think offenders are not allowed to say "no" to you, no matter what you ask?
12. Have you ever allowed an offender to talk to you about sexual experiences or sexual fantasies, or to tell sexual jokes in your presence? Have you shared these things with an offender?

## Daily Dozen

Replying "Yes" to any of these questions indicates a need to seek guidance from a supervisor, trusted person or employee assistance program.



# HEALTHCARE PROFESSIONALS

Medical and mental health professionals have a unique role in preventing, detecting and responding to sexual abuse and sexual harassment. They shall:

**ASSESS**

**REPORT**

**PRESERVE EVIDENCE**

**PROVIDE CARE**



# ASSESS

- If signs of abuse are detected during a routine exam/visit, discuss concerns with the inmate or youth.
- Be discreet and ensure that other inmates or youth are not within sight or sound of the exam/visit. Ensure confidentiality.
- Conduct an immediate assessment to determine acute medical and mental health needs.
- Remind the inmate or youth of your duty to report any knowledge, suspicion or information of sexual abuse or sexual harassment to a supervisor.
- Remain calm and support the inmate or youth.
- If sexual abuse is known or suspected, work with security staff to ensure the alleged victim and abuser have been separated.
- Work cooperatively in a coordinated team response.
- Assure protection, support and safety for the victim.



# REPORT

- Notify a security supervisor immediately.
  - Healthcare professionals must report any knowledge, information or suspicion of sexual abuse or sexual harassment even if the inmate or youth does not consent to such disclosure. This reporting expectation is very different in a community healthcare setting.
- This reporting obligation makes it important to:
  - Clearly articulate the limits of confidentiality and duty to report requirements at the onset of care.
  - Describe that information related to sexual abuse or sexual harassment may be shared with only those who “need to know” to make safe placement and investigative decisions.
  - Describe to an inmate or youth what may happen after they report an incident of sexual abuse. For example, their housing may change, their parent or guardian may be notified (for youth), an investigation may begin in which they are asked many questions, they may receive medical care or support services, etc.
  - Regularly review confidentiality and reporting requirements.



# PRESERVE EVIDENCE

- Efforts shall be made to ensure physical evidence is preserved.
- Volunteers and contractors are not expected to collect evidence, but rather minimize evidence loss (i.e. preserve evidence).
- Evidence is optimally preserved within 120 hours, but may be greater, of the incident.
- Volunteers and contractors shall request that the alleged victim not take any actions that might destroy physical evidence (i.e. eating, drinking, showering, toileting, changing clothes, brushing teeth, etc.)
- Security staff will ensure that the alleged suspect not take any actions that might destroy physical evidence.



# PROVIDE CARE

- Inmates or youth who experience sexual abuse shall receive timely, unimpeded access to emergency medical treatment (i.e. contraception and STI prophylaxis) and crisis intervention services. Such interventions shall be provided free of charge.
- Communicate with the patient as much as possible. Describe what you're going to do to their body. Listen. As much as possible, give choices. Avoid asking "why" questions as they have an unintended undertone of blame.
- Coordinate with security staff regarding the best placement of the victim. To the extent possible, involve the victim in the decision making process.
- Know which local hospital(s) your facility uses for forensic medical (or "SANE," sexual assault nurse examiner) exams.
- Discuss your role with the victim and prepare them for the process to follow.
- To ensure continuity of care, obtain a discharge summary from local hospital.
- Provide ongoing care (i.e. pregnancy and STI testing) free of charge.



# FORENSIC MEDICAL EXAM

- The inmate or youth (or their parent/guardian) will be asked to give consent prior to the exam.
- A specially trained examiner will conduct the exam, which is intended to collect evidence and provide treatment.
- Security staff may be present in the room, but the actual exam should be conducted in private.
- The inmate or youth may be handcuffed to the bed.
- A victim advocate should be available to the inmate or youth at the hospital.
- As requested by the inmate or youth, this advocate may accompany and support the them through the forensic medical exam process and investigatory interviews.
- The female exam is done with a speculum.
- For males, an anal speculum or anoscope may be used.
- Dye may be put on their genitals to allow the SANE to see injury they can't see with their eyes.
- The SANE may use a colposcope, which magnifies the genitalia on a screen.



# RESOURCES

- Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors (POC-54)
- Executive Directive 72, Prison Rape Elimination Act
- Wisconsin Administrative Code Chapter DOC 303 Discipline (Inmates) and 373 Youth Conduct (Youth)
- National PREA Resource Center
- Just Detention International
- The Moss Group, PREA Employee Training curriculum



# ACKNOWLEDGMENT

## CONTRACTORS

Division of Adult Institutions contractors: At the conclusion of this training, please complete the Contractor Statement of Acknowledgment (Form DOC-2786) and return the original to your WI DOC point of contact.

Division of Juvenile Corrections volunteers: At the conclusion of this training, please complete the Volunteer/Contractor Statement of Acknowledgment (Form DOC-2852) and return the original to your WI DOC point of contact.

## VOLUNTEERS

Division of Adult Institutions volunteers: At the conclusion of this training, please sign the Volunteer Orientation Roster and Attendance Record (DOC-2809).

Division of Juvenile Corrections volunteers: At the conclusion of this training, please complete the Volunteer/Contractor Statement of Acknowledgment (Form DOC-2852) and return the original to your WI DOC point of contact.

